The use of focused ethnography in nursing research

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Introduction

Over the past few decades, nursing and other health sciences have witnessed a notable shift in enquiry into health and quality of life, brought about by the desire to better understand people's experiences (Parse 2001). As nurse scientists and researchers endeavoured to expand the knowledge base surrounding people's experiences, they began to recognise the value of qualitative research to better understand realities constructed from subjective experiences that cannot be objectively quantified or measured by research driven by the scientific method (Parse 2001, Munhall 2007, Streubert-Speziale and Rinaldi Carpenter 2007). While many orthodox qualitative approaches can be useful in researching health and health care, they are often modified to meet the needs of healthcare research and populations (Morse 2007). Focused ethnography has emerged as a promising method for applying ethnography to focus on a distinct issue or shared experience in cultures or sub-cultures in specific settings, rather than throughout entire communities.

Abstract

Aim To provide an overview of the relevance and strengths of focused ethnography in nursing research. The paper provides descriptions of focused ethnography and discusses using exemplars to show how focused ethnographies can enhance and understand nursing practice.

Background Orthodox ethnographic approaches may not always be suitable or desirable for research in diverse nursing contexts. Focused ethnography has emerged as a promising method for applying ethnography to a distinct issue or shared experience in cultures or sub-cultures and in specific settings, rather than throughout entire communities. Unfortunately, there is limited guidance on using focused ethnography, particularly as applied to nursing research.

Data sources Research studies performed by nurses using focused ethnography are summarised to show how they fulfilled three main purposes of the genre in nursing research. Additional citations are provided to help demonstrate the versatility of focused ethnography in exploring distinct problems in a specific context in different populations and groups of people.

Discussion The unique role that nurses play in health care, coupled with their skills in enquiry, can contribute to the further development of the discipline. Focused ethnography offers an opportunity to gain a better understanding and appreciation of nursing as a profession, and the role it plays in society.

Conclusion Focused ethnography has emerged as a relevant research methodology that can be used by nurse researchers to understand specific societal issues that affect different facets of nursing practice.

Implications for practice/research As nurse researchers endeavour to understand experiences in light of their health and life situations, focused ethnography enables them to understand the interrelationship between people and their environments in the society in which they live.

Keywords Focused ethnography, qualitative research, methodology, reflexivity
will then discuss using exemplars to show how this methodology can be used to enhance and understand nursing practice by studying specific phenomena in distinct cultures and sub-cultures of clients or professionals. Finally, we discuss reflexivity as a critical element of ensuring methodological rigour and potential limitations that must be recognised and/or addressed when undertaking ethnographic approaches.

**Ethnography: an introduction**

An understanding of ethnography as a research methodology will be useful in gaining an appreciation of focused ethnography. Schwandt (2007) defined ethnography as ‘the process and product of describing cultural behavior’. According to Roper and Shapiro (2000), ‘Ethnography is a research process of learning about people by learning from them.’ Ethnography provides a truthful account of people’s stories in their own words and local context as researchers immerse themselves in the social world of the participants to better grasp the meanings behind participants’ social behaviour in their culture (Roper and Shapiro 2000, Fetterman 2010). Through written descriptions, researchers generate accounts of people’s experiences and culture (Wolf 2007).

Ethnography generally employs three data collection strategies: participant observation, formal and informal interviews, and examination of relevant documents. These strategies are essential in helping the researcher to gain a better understanding of the culture being studied. Participant observation is a strategy in which the researcher actively becomes involved in participants’ life events in their natural settings (Roper and Shapiro 2000, Fetterman 2010). It is an opportunity for the researcher to become immersed in the culture being studied (Fetterman 2010).

Interviews, whether formal or informal, were regarded by Fetterman (2010) as the ‘ethnographer’s most important data-gathering technique’. By conducting semi-structured individual or focus-group interviews, the researcher is able to map participants’ responses, which are essential to subsequent coding and analysis.

Collection and analysis of documents such as ‘maps, policies, procedures, patient records, results of tests, biographical material, and census figures [can help to] understand the community and to validate participant observations and interview findings’ (Roper and Shapiro 2000). The amount, variety and depth of relevant information obtained from these sources provide valuable data that can be used by the researcher to make sense of the culture being investigated.

Ethnography traces its origin to early anthropologists who sought to discover cultural knowledge by understanding the ‘lifeways’ or patterns of social action among people who live together and share similar experiences (Streubert-Speziale and Rinaldi Carpenter 2007, Wolf 2007).

Early social ethnographers engaged in the study of ‘exotic and strange’ peoples who often lived in remote locations (Van Maanen 1995, Tuhiwai Smith 2001) and may have been guilty of objectifying their subjects. Agar (1996) described the early anthropologists and ethnographers as ‘professional strangers’ who entered their study locations uninvited. The tradition is exemplified in the work of Margaret Mead and others who were closely associated with imperialist and colonialist perspectives (Tuhiwai Smith 2001).

In this respect, early ethnographers are not well-regarded by indigenous peoples of the world (Savage 2000, Tuhiwai Smith 2001), as their representations of the reality, culture and traditions of indigenous peoples were frequently eurocentric and framed the peoples’ experiences as inferior, bizarre and primitive (Tuhiwai Smith 2001). Consequently, in recent decades, there has been a backlash against these early studies from indigenous peoples, most notably from the Maori and Aboriginal populations of New Zealand and Australia (Ramsden 1995, Tuhiwai Smith 2001). Removal and theft by early anthropologists and ethnographers of art, religious icons and sacred items have compounded this anger (Tuhiwai Smith 2001). However, as consciousness of the ethical issues surrounding research activities in society and communities has grown, safeguards have been put in place to protect them, as well as the rights of individual participants.

Ethnography gained recognition in other disciplines, including sociology, education and nursing, with nurse researchers valuing its ability to generate understandings ‘about health and illness phenomena as studied in cultural contexts’ (Wolf 2007). As ethnography gained wider acceptance with nurse researchers, its use went beyond questions surrounding health and illness. For instance, Streubert-Speziale and Rinaldi Carpenter (2007) noted that nurse researchers have used ethnography to gain a better understanding of societal issues that affect nursing practice. For her transcultural nursing theories, Leininger (1985) developed an ethnographic research method that used several elements of ethnographic methodology, such as naturalistic inquiry. Ethnography has gained further ground in nursing research.

As ethnographic methodology has developed, efforts have been made by investigators to make it...
the method of choice in understanding more specific aspects of life and cultural experiences relevant to their disciplines (Erickson 2011). Polit and Tatano Beck (2008) categorised ethnography into two main types: ‘macroethnography’, which is ‘concerned with broadly defined cultures’, and ‘microethnography’, also known as ‘focused ethnography’, which focuses on ‘more narrowly defined cultures’. Focused ethnography has emerged as a useful tool in gaining a better understanding of the experiences of specific aspects of people’s ways of life and being.

**Focused ethnography and its relevance for nursing**

Focused ethnography is an applied research methodology that ‘has been widely used in the investigation of fields specific to contemporary society which is socially and culturally highly differentiated and fragmented’ (Knoblauch 2005). It is particularly useful in evaluating or eliciting information on a special topic or shared experience (Richards and Morse 2007). Knoblauch (2005) noted an increasing interest in the use of focused ethnographies among those whose focus of study is limited to small elements of society. It is of particular value to nurse researchers who emphasise a distinct issue, situation or ‘problem within a specific context among a small group of people’ living in a bigger society (Roper and Shapira 2000). They may target shared features of individuals in groups, so that they can focus on common behaviours and experiences (Richards and Morse 2007). Because of its nature, focused ethnography allows the researcher to better understand the complexities surrounding issues from the participants’ perspectives (‘emic view’) while bringing the outsider’s framework to the study (‘etic view’) (Roper and Shapira 2000). This has contributed to the development of knowledge relevant to nursing.

The main features of focused ethnographies as described by Muecke (1994) are listed in Box 1. Additionally, focused ethnographies tend to have pre-selected topics of enquiry, use interview topics that are highly structured around the issues and either limit or remove participant observation (Morse 2007, Spiers and Wood 2010, Higginbottom 2011). As the researcher focuses on a specific issue that has been experienced by individuals who do not necessarily live in the same area, it may not be necessary for him or her to engage in the fieldwork customary in conventional ethnography.

Knoblauch (2005) added that focused ethnographies can make effective use of video or audio recordings and even subsequent ‘data sessions’ whereby the data is ‘opened socially to other perspectives’ in groups, including the researcher and other informed individuals. Despite being short-term studies, a significant amount of data can be collected, such as transcripts from video-recordings, which will require intensive analysis. Several distinctions between anthropologic and focused ethnographies are listed in Table 1.

**Focused ethnography in nursing research**

The three main purposes of focused ethnographies for nursing research outlined by Roper and Shapira (2000) are to:

- Discover how people from various cultures integrate health beliefs and practices into their lives.
- Understand the meaning that members of a subculture or group assign to their experiences.
- Study the practice of nursing as a cultural phenomenon.

The following exemplars will demonstrate how nurses have applied these uses of focused ethnography in various research contexts. Additional information about the nursing-focused ethnographies cited in this paper is listed in Table 2 (page 40).

**Discovering how people from various cultures integrate health beliefs and practices into their lives**

Kilian et al (2008) used a focused ethnography to examine the perceptions of older adults and their adult children regarding risk and falls. Use of focused ethnography allowed them to meaningfully contextualise the issue of falling and the risks involved from multiple perspectives, and to consider personal, interpersonal and societal influences. The authors conducted semi-structured interviews, each lasting 35 to 90 minutes, over a period of four and a half months. The theoretical perspectives of Denzin and Lincoln (2005), Fetterman (1998), and Guba and Lincoln (1989) guided analysis.

The results indicated different perceptions and approaches among the participants. There appeared to be a certain degree of polarity in families...
related to views of risk and falls. Kilian et al (2008) suggested that ‘the social construction of risk is highlighted through the societal values that link to the personal experiences of older adults and family members’. These findings indicated the need to consider multiple family perspectives in research involving the prevention of falls for older adults. An improved understanding of this issue will allow better strategies to be put in place that take into consideration the issues of most importance to older adults, including their independence.

**Understand the meaning that members of a subcultural group assign to their experiences**

Tzeng et al (2010) used focused ethnography to describe the dilemmas experienced by psychiatric nurses in a medical centre in Taipei, Taiwan, when caring for suicidal patients. Data were collected using participant observation and interviews. The theoretical principles expounded by Hammersley and Atkinson (2007) guided analysis.

Their findings indicated the presence of what they referred to as an ‘inner door’ in the nurses’ minds that served as a barrier between them and the suicidal patients for whom they cared. This barrier was described as a ‘boundary between the self and others and the inner regulator of defense and communication’ (Tzeng et al 2010). Nurses reported closing this inner door to their patients as a way of distancing their emotional reactions to the experience. Nevertheless, following self-reflection and dialogue with their colleagues, these nurses were then able to re-open the inner door. The authors found that the nurses’ willingness to open their inner doors was the key to unlocking the door that patients usually use to exclude outsiders’ (Tzeng et al 2010). These findings pointed to the need for provision of training for nurses to enable them to gain understandings of their perceptions and reactions when caring for suicidal patients.

**Studying the practice of nursing as a cultural phenomenon**

Scott and Pollock (2008) used focused ethnography to examine the role of culture in relation to the use of research in a paediatric critical care unit. The authors used observation of unit activities and behaviour patterns, and interviews with unit nurses, management and other healthcare professionals. Data collection and analysis followed the theoretical edits and precepts of Fetterman (1998).

The results of their study indicated that four significant aspects of the unit culture guided nurses’ use of research: the structure of authority, the nature of nurses’ work, the workplace ethos and the forms of knowledge that were valued. Scott and Pollock (2008) suggested that these could be used to develop assessment tools for research use in this particular unit. More generally, the findings pointed out power struggles and class and gender divisions that potentially affected nurses’ ability to practice research.

**Other studies**

Other focused ethnographic studies have been published by nurse researchers in the past decade with the goals of enhancing nursing practice, answering questions important to nurses, exploring issues and phenomenon they are familiar with or which they may have experienced themselves, and addressing additional issues relevant to nursing.

Dupuis-Blanchard et al (2009) sought to explore the meaning of social engagement for people who had recently moved to a home for older adults and the types of relationships they developed there. Ensign and Bell (2004) described the experiences of illness among homeless youths in Seattle in the United States. Garcia and Saewyc (2007) explored the health perceptions and experiences of adolescent Mexican immigrants in the US.

Higginbottom (2011) looked into the transitioning experiences of internationally educated nurses recruited to work in a province in Western Canada. Pasco et al (2004) used focused ethnography to understand Filipino Canadian patients’ perspectives of nursing care in Canadian hospitals. Spiers and Wood (2010) explored the perceptions and actions of community mental health nurses in building a therapeutic alliance in the context of brief therapy (ten sessions or fewer) and the factors that helped or impeded its development.

Finally, Smallwood (2009) described and explored the roles of cardiac assessment team members in

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### Table 1 Comparison between conventional and focused ethnographies

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<thead>
<tr>
<th>Conventional ethnography</th>
<th>Focused ethnography</th>
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<tr>
<td>Long-term field visits</td>
<td>Short-term field visits</td>
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<tr>
<td>Experientially intensive</td>
<td>Data/analysis intensity</td>
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<td>Time extensity</td>
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<tr>
<td>Writing</td>
<td>Recording</td>
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<td>Solitary data collection and analysis</td>
<td>Data session groups</td>
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<td>Open</td>
<td>Focused</td>
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<td>Social fields</td>
<td>Communicative activities</td>
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<td>Participant role</td>
<td>Field-observer role</td>
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<td>Insider knowledge</td>
<td>Background knowledge</td>
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<tr>
<td>Subjective understanding</td>
<td>Conservation</td>
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<tr>
<td>Notes</td>
<td>Notes and transcripts</td>
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<tr>
<td>Coding</td>
<td>Coding and sequential analysis</td>
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(Adapted from Knoblauch 2005)
<table>
<thead>
<tr>
<th>Reference</th>
<th>Setting and sample</th>
<th>Study aim</th>
<th>Data collection and analysis methods</th>
<th>Conclusions</th>
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<tr>
<td>Dupuis-Blanchard et al (2009)</td>
<td>19 people 55 years or older, able to converse in English and living in a selected building in Canada.</td>
<td>To identify the meaning of social engagement for adults who had recently moved to flats for older people and the types of relationships they developed in their new homes.</td>
<td>Semi-structured interviews in the building. Interviews were also guided by ongoing data analysis. Demographic information was collected. An ecomap consisting of a central circle, to represent the participant, with outer circles representing other significant people, was used to show participants’ social network. Open coding and thematic analysis done.</td>
<td>Older adults developed relationships to help with feelings of insecurity and casual interactions, extend support to others and develop friendship. The study provides a better understanding of the concept of social engagement for older people.</td>
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<td>Ensign and Bell (2004)</td>
<td>Convenience and purposive sampling were used to engage 45 clinic- and street-based homeless young people aged between 12 and 23 years in Seattle, Washington.</td>
<td>To describe the experiences of homeless youths of illness and how these experiences differed by age, gender and sampling site.</td>
<td>Participant observations in the youth clinic and street areas, key informant interviews, semi-structured interviews in a private consulting room in the clinic or street-side in the front seats of the medical van, focus group interviews for more in-depth exploration of identified themes and topics.</td>
<td>Health-seeking behaviour varied according to gender. Age affected the participants’ ability to seek health care at hospitals. Street-based youth had more challenges related to health and access to health care.</td>
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<td>Garcia and Saewyc (2007)</td>
<td>14 adolescent participants from a bilingual charter school and a Catholic church in neighbouring urban cities centred in a larger metropolitan area in the United States. These participants were aged 15 to 20 years old, and were born in and emigrated from Mexico.</td>
<td>To explore the health-related perceptions and experiences of immigrant Latino adolescents.</td>
<td>Information from two interviews and pictures taken by participants, who had been given 24-exposure disposable cameras. Participant observation, field notes and journaling. Content analysis and constant comparison with the help of Atlas.ti software.</td>
<td>Three themes were identified: mentally healthy, mentally unhealthy and health promotion. Mental health nurses are in a position to educate this group of immigrant youths about health and mental health services.</td>
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<td>Higginbottom (2011)</td>
<td>Purposive sampling of 23 internationally educated nurses (IENs) who were recently recruited by one of Western Canada’s health authorities.</td>
<td>To understand IENs’ transitioning experiences on relocation to Canada.</td>
<td>Semi-structured interviews with IENs. Participants’ demographic information. Analysis followed Roper and Shapira’s framework for ethnographic data analysis with the help of Atlas.ti software.</td>
<td>Negative experiences were reported by IENs with respect to their work contract and support. Communication, or its absence, was a contributory factor in the reported discontent among IENs. Failure to provide IENs with appropriate orientation opportunities affect their ability to transition to the workplace.</td>
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<td>Kilian et al (2008)</td>
<td>Purposive sampling using a ‘chain-referral’ process, of older people who were ‘fallers’ and their six adult children living in urban Toronto, Canada.</td>
<td>To examine the perceptions of risk regarding falling older adults and their adult children, and what personal, interpersonal and societal factors influence these perceptions.</td>
<td>Semi-structured interviews, field notes and reflective journal. Participant checking was used to provide elaboration. Thematic analysis during data analysis.</td>
<td>The seniors valued independence and it is important to include multiple family perspectives when taking action to prevent falls.</td>
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<td>Pasco et al (2004)</td>
<td>23 Filipino-Canadian patients, aged 33 to 86 years old, who had lived in Canada for five to 40 years and received care in Canadian hospitals.</td>
<td>To identify the culturally embedded values that implicitly guide Filipino Canadian patients’ interactions in developing nurse-patient relationships.</td>
<td>Face-to-face unstructured interviews initiated with a ‘grand tour’ question, field notes and person diary. Data analysis used thematic content analysis.</td>
<td>Nurses’ ability to provide culturally-competent care to Filipino Canadian patients can be facilitated by an understanding of the patients’ verbal and non-verbal communication and a genuine sense of interaction.</td>
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<td>Scott and Pollock (2008)</td>
<td>29 unit members, consisting of nurses, nurse managers, physicians and other healthcare professionals working in a critical care unit in a Canadian children’s hospital.</td>
<td>To explore the effect of unit culture on the general use of research by nurses.</td>
<td>Individual interviews. Field visits, field journal, audit trail. Analysis and interpretation employed Fetterman’s (1998) ethnographic analysis framework.</td>
<td>Unit culture and those of the individuals in charge dictated nurses’ use of research in their practice. There was significant reluctance to go against established norms in the unit.</td>
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<td>Spiers and Wood (2010)</td>
<td>Convenience and theoretical sampling of community mental health nurses providing brief therapy (ten sessions or less) or consulting practice for three or more years in Alberta, Canada.</td>
<td>To explore perceptions and actions of community mental health nurses in building a therapeutic alliance in the context of brief therapy and the factors that helped or impeded its development.</td>
<td>Three focus groups, individual interview, verification interview and methodological journal. Thematic content analysis.</td>
<td>Building an alliance consisted of three overlapping phases: establishing mutuality, finding the fit in reciprocal exchange and activating the power of the client. Factors inhibiting alliances were related to patient history, environment (for example, workload) and experience. Recommendations are made to enhance intentional alliance.</td>
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<td>Tzeng et al (2010)</td>
<td>Convenient and purposive sampling were used to invite participants working full-time in a medical centre in Taipei, Taiwan. 18 participants consented to interviews, while 36 nurses consented to be observed.</td>
<td>To describe the ways psychiatric nurses provided care for and responded to dilemmas associated with caring for suicidal patients.</td>
<td>Participant observations and field notes. Interviews were interviewed at times and places convenient for them. Content analysis and constant comparison using Hammersley and Atkinson’s (2007) analytic induction technique.</td>
<td>Nurses spoke about the idea of opening and closing doors in understanding the inner worlds of their suicidal patients. An understanding of the suicide experience is needed to help nurses understand when to open this door and keep it open in supporting their patients.</td>
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caring for patients with acute coronary syndrome who were being treated at a hospital in the West Midlands, UK. As applied to nursing, focused ethnographies allow nurse researchers to gain further insight into participants’ shared experiences of health, illness, quality of life, and other phenomena of interest to nursing.

Promoting rigour through reflexivity

Reflexivity is an important dimension of ethnography and qualitative research in general (Denzin and Lincoln 1998, Hammersley and Atkinson 2007). According to Denzin and Lincoln (1998), reflexivity refers to a process by which ‘researchers are obliged to delineate clearly the interactions that have occurred among themselves, their methodologies, and the settings and actors studied’. Murphy et al (1998) stated that ‘Qualitative research calls for a level of self-conscious reflection upon the ways in which the findings of research are inevitably shaped by the research process itself and analysis which takes such factors into account.’

Reflexivity is focused on making explicit and transparent the effect of the researcher, methodology and tools of data collection on the process of the research and the research findings. This focus contrasts with quantitative research, where efforts are made to minimise or eradicate the effects of the researcher on the research (Murphy et al 1998).

Qualitative researchers would question the extent to which the latter is truly achievable, as all research is socially constructed, interpreted and filtered by people, and although adhering to rules and principles, individuals process and synthesise information in different ways.

Furthermore, we are imbued with ideologies, values and belief systems that are not necessarily salient to our thinking and may be difficult to deconstruct. The aim of reflexivity is to acknowledge this influence in a transparent fashion. This may be of particular importance in focused ethnographies, particularly for a researcher who is familiar with, or who may have a personal experience of, the culture being studied. Reflexivity will allow the researcher to establish the validity of the phenomena being studied and that it is not just an expression of his or her ideology (Schwandt 2007).

According to Denzin and Lincoln (1998), reflexivity is a form of validity termed ‘reflective accounting’ in qualitative research. Mays and Pope (2000) were of the view that reflexivity in qualitative research is one of the major criteria for assessing quality. Therefore, it is an essential requirement of all qualitative research.

A critique of ethnography

Much of the criticism of ethnography could be applied to qualitative research in general (Silverman 1997). It may be somewhat spurious to separate ethnography from other forms of qualitative research in attempting to demonstrate its unique deficits. Hammersley and Atkinson (2007) argued that ethnography should not attempt to map out its boundaries in too distinct a fashion, but should be viewed in the broader paradigm of qualitative research, in which all the methodologies share characteristics.

The fundamental critiques hinge on the perceived polarity between positivism and naturalism. Many of the criticisms of ethnography are of an ontological and epistemological nature – in simple terms, what constitutes knowledge, what are the forms and representations of knowledge, and how might these be captured? Therefore, what are the most appropriate tools to elicit realities and representations of knowledge?

Ethnography undoubtedly remains contested (Savage 2000). This is largely because of the ambiguity noted by a number of observers (Savage 2000, Atkinson and Hammersley 1998). It is this lack of precision and consensus of definition that lies behind the criticism of ethnography as a scientific endeavour. The fluidity of boundaries in ethnographic research (Hammersley and Atkinson 2007) may be regarded as a lack of exactitude and robustness by those who view ethnography from a positivistic perspective, which is underpinned by objectivity rather than subjectivity. However, ethnographers (Atkinson and Hammersley 1998, Fetterman 1998) have argued that ethnography is holistic and has the ability to capture dimensions of the social world that are covert and tacit.

Reservations have been expressed regarding the credibility and consistency of findings in ethnographic research (Atkinson and Hammersley 1998, Savage 2000). The subjectivity of the approach means that it would be impossible for another researcher to replicate exactly the findings of a previous ethnographic study.

This is largely due to the subjective nature of the interpretations made; interpretation being one of the key characteristics of ethnography. Although it is never claimed that ethnographic research will generate findings that are generalisable to other communities or settings, since the centrality of culture to ethnographic research makes such a claim absurd, the lack of generalisability in ethnographic research has also led to criticisms (Hammersley and Atkinson 2007) regarding its usefulness and scientific value.
Focused ethnography

Conflict of interest

None declared

Discussion

According to Fetterman (2010), ethnography is an effort on the part of a researcher to generate a credible, rigorous and authentic account of people’s perspectives of their culture or a specific aspect of it. More specifically, focused ethnography has demonstrated its potential and acceptance as a tool to provide nursing a direction for practice and insights into the context, the people and the interactions of practice (Wilson 1989). Moreover, findings from studies guided by focused ethnography have the potential to develop hypotheses that can guide detailed investigations using other methodologies (Gifford 1998).

The case exemplars, along with the other studies mentioned in this paper, provide examples of the different uses of focused ethnography in nursing research while demonstrating the versatility of focused ethnography in exploring distinct problems in a specific context in different populations and groups of people (Roper and Shapira 2000). This versatility allows the methodology to expand and evolve 'to meet new insights and changing circumstances' (Wolcott 2010). The unique role that nurses play in health care, coupled with their skills in enquiry into patient and nursing culture, can contribute to the further development of the discipline of nursing (Oliffe 2005).

Focused ethnography offers nursing an opportunity to gain a better understanding and appreciation of nursing as a profession and the role it plays in society.

Conclusion

Focused ethnography has emerged as a relevant methodology that can be used by researchers to understand specific societal issues that affect different facets of practice. As nurse researchers endeavour to understand experiences in light of their health and life situations, focused ethnography enables them to understand the interrelationship between people and their environments in the society in which they live. It provides the participants an opportunity to share their perspectives of societal events and issues. These can then serve as bases for researchers’ understanding of the meanings attributed to these.

References


